

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: MICHIGAN

DISCLOSURE OF ADDITIONAL REGISTRY INFORMATION

The Michigan registry discloses through initial telephone contact
1) that the aide is certified and 2) abuse information. Written
follow-up verification is sent which contains:

Name, Date of Birth, Gender
Address
City
Where employed and addresses
Date of training
Location of training
Date of written test
Location of written test
Date of clinical test
Location of clinical test
Clinical evaluator code
Certification date
Certification code
Certification number

OFFICIALTN No. 9270

Supersedes

TN No. N/AApproval Date 4-8-92Effective Date 01-01-92

HCFA ID:

OPTIONAL

Revision: HCFA-PM-91-10

(BPD)

ATTACHMENT 4.38A

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COLLECTION OF ADDITIONAL REGISTRY INFORMATION

In addition to data specified in 42 CFR 483.15b(c), the Michigan register stores clinical evaluator codes which identify the individual that performed the clinical evaluation.

TN No. 92-10
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TN No. N/A

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